

# Rose Garden Inn

2740 Telegraph Ave. Berkeley, CA 94705

Phone: (510) 549-2145 Fax: (510) 549-1085

## CREDIT CARD AUTHORIZATION

(PLEASE COMPLETE WHERE INDICATED BY AN "X")

DATE: \_\_\_\_\_ AUTHORIZER: X \_\_\_\_\_  
(CARDHOLDER'S NAME)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

TO GUARANTEE A ROOM FOR: \_\_\_\_\_

ROOM TYPE: \_\_\_\_\_ DAILY RATE: \$ \_\_\_\_\_ (PLUS 12% TAX)

CONFIRMATION #: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

I AUTHORIZE THE ROSE GARDEN INN TO CHARGE TO FOLLOWING CREDIT CARD:

CREDIT CARD #: X \_\_\_\_\_ EXP. DATE: X \_\_\_\_\_

BILLING ADDRESS: X \_\_\_\_\_  
\_\_\_\_\_

ROOM & TAX ONLY: X \_\_\_\_\_ OR ALL INCURRED CHARGES: X \_\_\_\_\_

**\*\*CANCELLATIONS OR CHANGES MUST BE MADE 2 DAYS PRIOR\*\*  
**\*\*TO THE ORIGINALLY SCHEDULED ARRIVAL DATE BY 12:00pm (pst)\*\*****

I UNDERSTAND THAT BY AUTHORIZING USE OF MY CREDIT CARD I WILL BE SUBJECT TO A "NO-SHOW" CHARGE IF THE GUEST FAILS TO SHOW. NO-SHOW CHARGES ARE FOR THE AMOUNT OF THE FIRST NIGHT'S RATE. IF FOR ANY REASON, MY BANK DOES NOT ACCEPT MY CREDIT CARD, I AFFIRM THAT I WILL REMAIN RESPONSIBLE FOR ANY CHARGES AND GUARANTEE PAYMENT TO THE ROSE GARDEN INN.

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF CARDHOLDER DATE

**UNLESS THE CARDHOLDER COMPLETES THIS FORM IN PERSON, IT IS ONLY VALID IF RETURNED WITH THE FOLLOWING ITEMS INCLUDED:**

- 1. CLEAR PHOTOCOPY OF THE FRONT & BACK OF CREDIT CARD**
- 2. CLEAR PHOTOCOPY OF CARDHOLDER'S ID**